

9960 Mayland Drive, Suite 300 Henrico, Virginia 23233 www.dhp.virginia.gov/funeral (804) 367-4479 (Tel) (804) 939-5973 (Fax) Email:

fanbd@dhp.virginia.gov

FUNERAL SUPERVISOR REGISTRATION APPLICATION

Initial Application to Register a Supervisor - \$35.00 Fee

All fees must be paid by check or money order made payable to the Treasurer of Virginia. All fees are non-refundable.

SUPERVISOR INFORMATION (PLEASE	PRINT IN I	BLUE OR BL	ACK INK)			
FIRST NAME	MIDDLE NAME			LAST NAME AND SUFFIX		
DATE OF BIRTH	SOCIAL SECURITY NO. OR VA CONTR			ROL NO.*		
MM DD YY						
ADDRESS OF RECORD**: STREET		CITY	S	STATE	ZIP CODE	
ALTERNATE PUBLIC ADDRESS***: STR	EET	CITY	S	STATE	ZIP CODE	
BUSINESS NAME & ADDRESS: STREET		CITY	S	STATE	ZIP CODE	
HOME PHONE:	WORK PHONE:		N	MOBILE PHONE:		
VIRGINIA LICENSE NUMBER			I			
PRIVATE E-MAIL ADDRESS		PUBLIC E-M	IAIL ADDRESS			
AREA OF FUNERAL PRACTICE TO PROV	/IDE SUPER	VISION:				
Supervisor must be licensed in one area of pra			as check both ontic	ons		
Embalming Directing						
*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number issued by the V				han igguad by tha Vincinia		
Department of Motor Vehicles. If you fail to do so, the proby the Department of Health Professions for identification requires that this number be shared with other state as INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONI **The address information you provide is your address of licenses, and other legal documents, will be sent to the address to public disclosure under the Freedom of Information Action 1.	ocess of your appon and will not gencies for child E OF THESE N record with the dress of record p	blication will be subbe disclosed for od d support enforce UMBERS. Board. Please be a provided. If you pr	spended and fees will n ther purposes except as ment activities. NO Ll dvised that all notices fr rovided a different publi	to to be refunded. In provided by language in the board, the board, the address, this	. This number will be used aw. Federal and state law L BE ISSUED TO ANY to include renewal notices,	
***This address is subject to public disclosure under the	Freedom of Inf	ormation Act. You	u may provide an addre	ss other than a	residence, such as a Post	
Office Box or a practice location if you wish.				-		
APPLICANTS DO NOT US APPROVED BY	SE SPACES B	ELOW THIS LI	INE – FOR OFFICE	USE ONLY		
LICENSE NUMBER	PENDING N	UMBER	BASE STATE	RECEIPT N	NUMBER	

ESTABLISHMENT INFORMATION

ESTABLISHMENT INFORMATION						
ESTABLISHMENT NAME	ESTABLISHMENT		ESTABLISHMENT			
	LICENSE NUMB	ER	PHONE NUMBER			
ESTABLISHMENT STREET ADDRESS	CITY	STATE	ZIP CODE			
ESTABLISHMENT STREET ADDRESS	CITT	SIAIE	ZIP CODE			
ESTABLISHMENT MANAGER'S NAME AND LICENSE NUMBER		MANAGER'S SIGNATURE:				
FUNERAL SERVICE SUPERVISOR'S NAME AND LICENSE NUMBER		FUNERAL SERVICE SUPERVISOR				
		SIGNATURE:				
EMBALMING SUPERVISOR'S NAME AND LICENSE NUMBER		EMBALMING SERVICE SUPERVISOR				
EMBALMING SUPERVISOR'S NAME AND LICENSE NUMBER		SIGNATURE:				
		Signation				
ANTICIPATED DATE EMPLOYMENT WILL BEGIN		TOTAL HOURS SCHEDULED TO WORK				
		EACH WEE	K			

– a resume may no	t be used as a substitute for any question
TO (MM/YY)	EMPLOYER NAME AND ADDRESS (STREET, CITY, STATE, ZIP CODE)

LICENSURE QUESTIONS

Any supporting documentation related to the questions below should be submitted to: Virginia Board of Funeral Directors and Embalmers

Perimeter Center 9960 Mayland Drive, Suite 300 Henrico, VA 23233

	11011120, 111 25255	YES	NO
1.	Have you ever been convicted of a violation of /or pled Nolo Contendere to any federal, state or local statute, regulation, or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? Including convictions for driving under the influence; excluding traffic violations. Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed. Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision, and any other information you wish to be considered with your application (i.e. statement from applicant regarding the offense(s), information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.).		
2.			
MILI	TARY SERVICE	YES	NO
3.	Are you active-duty military?		
4.	Are you relocating to Virginia or an adjoining state or the District of Columbia with a spouse who is 1) on federal active duty orders, or 2) a veteran who has left active duty service within one year of submission of this application?		
	TIONAL LICENSURE QUESTIONS	YES	NO
A.	Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? Please provide a full explanation on a separate page.		
	(A.2) Within the past five years, have you sought or been directed to seek treatment for your conduct		
	or behavior?		
В.			
В.	or behavior? Within the past five years, have you been disciplined by any entity?		

			YES	NO
D.	Do you currently have any mental health condition or impairment that affects or limits your to perform any of the obligations and responsibilities of professional practice in a safe and commanner? "Currently" means recently enough so that the condition could reasonably have an in on your ability to function as a practicing Intern Supervisor.	petent		
	If yes, please provide a full explanation. (NOTE: The Board may request a letter from your or treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)	ırrent	Ш	
E.	Do you currently have any condition or impairment related to alcohol or other substance us affects or limits your ability to perform any of the obligations and responsibilities of profest practice in a safe and competent manner? "Currently" means recently enough so that the concould reasonably have an impact on your ability to function as a practicing Intern Supervisor.	sional		
	If yes, please provide a full explanation. (NOTE: The Board may request a letter from your contreatment provider addressing your current condition and ability to safely practice. You may controlling this documentation with your application, or have your provider send this documentation to the Board.)	nsider		
F.	Within the past 5 years, have any conditions or restrictions been imposed upon you or your pr to avoid disciplinary action by any entity?	actice		
	If yes, please provide a full explanation and any associated orders or letters from the entity. (Nature of the Board may request a copy of a current participation contract and summary of compliance documentation of successful completion. You may consider providing this documentation with application, or have the program send this documentation directly to the Board.)	and/or		
AFFIDA	AVIT OF APPLICANT			
which a	that I have carefully read the laws and regulations related to the Virginia Board of Funeral D are available at http://www.dhp.virginia.gov/funeral and I fully understand that funds submitted shall not be refunded.			
required provided false or of the ap	by by my signature below: I am the person applying for licensure/certification/registration and by Virginia law and regulations. Further, I certify the information provided on this applicated and reviewed by me, and that statements made on the application are true and complete. I under misleading information, as well as omitting information, in response to information required in application process is considered falsification of the application and may be grounds for denial against an existing license/certificate/registration.	tion has erstandir this appl	been peng that prication o	ersonally roviding or as part
I agree t	to the above certification.			
Signati	ure of Applicant Date			